

C **MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

09/800013

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT										
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51								
2		1					52								
3		1					53								
4		1					54								
5		1					55								
6		1					56								
7		1					57								
8		1					58								
9		1					59								
10		1					60								
11		1					61								
12		1					62								
13		1					63								
14		1					64								
15	1						65								
16	1						66								
17		1					67								
18		1					68								
19							69								
20							70								
21							71								
22							72								
23							73								
24							74								
25							75								
26							76								
27							77								
28							78								
29							79								
30							80								
31							81								
32							82								
33							83								
34							84								
35							85								
36							86								
37							87								
38							88								
39							89								
40							90								
41							91								
42							92								
43							93								
44							94								
45							95								
46							96								
47							97								
48							98								
49							99								
50							100								
TOTAL IND.	3						TOTAL IND.								
TOTAL DEP.	15						TOTAL DEP.								
TOTAL CLAIMS	18						TOTAL CLAIMS								